MAPLE WOOD 1501 THOMPSON

BLOOMER	54724	Phone: (715) 568-2000		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Pode	Cot IIn and Ct	affod (12/31/03) •	5.0	Title 19 (Medicare) Cortified?	Voc

Number of Beds Set Up and Staffed (12/31/03): 50 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 50 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 42 Average Daily Census: 40

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)	8				
Home Health Care No		   Primary Diagnosis 					11.9 26.2	
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities		   Under 65			38.1	
Day Services	No	Mental Illness (Org./Psy)		65 - 74	7.1			
Respite Care	No	Mental Illness (Other)	16.7	75 - 84	38.1		76.2	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.2	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.4	95 & Over	4.8	Full-Time Equivalent		
Congregate Meals No		Cancer				Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	23.8	65 & Over	95.2			
Transportation	No	Cerebrovascular	21.4			RNs	9.9	
Referral Service	No	Diabetes	7.1	Gender	용	LPNs	11.9	
Other Services	Yes	Respiratory 0.		0		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.7	Male	28.6	Aides, & Orderlies	44.8	
Mentally Ill	No			Female	71.4			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	3.4	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.4
Skilled Care	4	100.0	151	26	89.7	127	0	0.0	0	9	100.0	139	0	0.0	0	0	0.0	0	39	92.9
Intermediate				2	6.9	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		29	100.0		0	0.0		9	100.0		0	0.0		0	0.0		42	100.0

MAPLE WOOD

Admissions, Discharges, and		Percent Distributior	ı of Residents'	Condit	ions, Services,	, and Activities as of $12/$	31/03
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	1	Activities of	િ	As	sistance of	% Totally	Number of
Private Home/No Home Health	19.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		97.6	2.4	42
Other Nursing Homes	6.4	Dressing	7.1		88.1	4.8	42
Acute Care Hospitals	70.2	Transferring	21.4		57.1	21.4	42
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.9		66.7	21.4	42
Rehabilitation Hospitals	4.3	Eating	88.1		7.1	4.8	42
Other Locations	0.0	*****	*****	*****	*****	******	*****
otal Number of Admissions	47	Continence		용	Special Treat	tments	용
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	7.1	Receiving E	Respiratory Care	14.3
Private Home/No Home Health	28.0	Occ/Freq. Incontiner	t of Bladder	45.2	Receiving 5	Tracheostomy Care	0.0
Private Home/With Home Health	8.0	Occ/Freq. Incontiner	it of Bowel	21.4	Receiving S	Suctioning	2.4
Other Nursing Homes	6.0	-			Receiving (	Ostomy Care	4.8
Acute Care Hospitals	4.0	Mobility			Receiving 5	Tube Feeding	4.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving N	Mechanically Altered Diets	14.3
Rehabilitation Hospitals	0.0				-	-	
Other Locations	2.0 i	Skin Care			Other Resider	nt Characteristics	
Deaths	52.0 i	With Pressure Sores		2.4	Have Advanc	ce Directives	78.6
otal Number of Discharges	i	With Rashes		2.4	Medications		
(Including Deaths)	50 i				Receiving I	Psychoactive Drugs	50.0

	This	Other	Hospital-	All		
	Facility	Based Facilities		Faci	lties	
	%	%	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	58.7	90.1	0.65	87.4	0.67	
Current Residents from In-County	73.8	83.8	0.88	76.7	0.96	
Admissions from In-County, Still Residing	19.1	14.2	1.35	19.6	0.97	
Admissions/Average Daily Census	117.5	229.5	0.51	141.3	0.83	
Discharges/Average Daily Census	125.0	229.2	0.55	142.5	0.88	
Discharges To Private Residence/Average Daily Census	45.0	124.8	0.36	61.6	0.73	
Residents Receiving Skilled Care	95.2	92.5	1.03	88.1	1.08	
Residents Aged 65 and Older	95.2	91.8	1.04	87.8	1.09	
Title 19 (Medicaid) Funded Residents	69.0	64.4	1.07	65.9	1.05	
Private Pay Funded Residents	21.4	22.4	0.96	21.0	1.02	
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00	
Mentally Ill Residents	26.2	32.9	0.80	33.6	0.78	
General Medical Service Residents	16.7	22.9	0.73	20.6	0.81	
Impaired ADL (Mean)*	43.3	48.6	0.89	49.4	0.88	
Psychological Problems	50.0	55.4	0.90	57.4	0.87	
Nursing Care Required (Mean) *	5.7	7.0	0.81	7.3	0.77	